

219490

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to amend name on Class C Taxi Certificate

Herbert Harrison

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 214 - T

RECEIVED

OCT - 1 2009

ORS
T.T.W.W.A.W.

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Herbert Harrison

Telephone: 843-670-7627

Address: 8724 Silver Creek Lane

Fax:

N. Charleston, SC 29420

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

OFFICE OF REGULATORY STAFF

OCT 01 2009

DATE:

9/29/09

I have the following Certificate:

- ☒ Class C Taxi # 8154 ☐ Class C Charter # ☐ Class C Charter Bus #
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

- ☒ doesn't apply in this case - document not needed
☐ Name Change: Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.

From: Herbert Harrison DBA: N/A
 (Current Name) (Current DBA if applicable)

TO: Harrison Transportation LLC DBA:
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: To:
 (Current Scope) (New Scope)

☐ Passenger Limit

From: To:
 (Current Limit Number) (New Limit Number)

* Herbert Harrison
 (Name & DBA if applicable)

* North Charleston SC 29420
 (City, State, Zip Code)

* (843) 670-7627
 (Telephone Number)

* 8724 Silver Creek Ln.
 (Street Address)

* Willie Mae Harrison
 (Signature)

* Harrison Transport LLC
 (Title) owner

The State of South Carolina

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OCT - 2 2009

T.T.W.W.W
ORS

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HARRISON TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 24th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
26th day of June, 2009.

Mark Hammond
Mark Hammond, Secretary of State